



PATENTS

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

#9A  
PS

**Applicant(s):** Bevyn Jarrott, et al.

**Examiner:** V. Balasubramanian

**Serial No:** 09/743,379

**Art Unit:** 1624

**Filed:** June 4, 2001

**Docket:** 14099

**For:** PHARMACEUTICAL AGENTS

**Dated:** February 14, 2002

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TECH CENTER 1600/2900

Assistant Commissioner for Patents  
Washington, D.C. 20231

**RESPONSE**

Sir:

In response to the Office Action dated January 14, 2002, applicants submit the following Response for entry in the above-identified application.

**IN THE CLAIMS:**

Please amend Claims 1, 4 and 5 as follows:

1. (Amended) Compounds of formula (1)

A- Sub  
B1

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

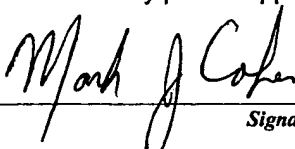
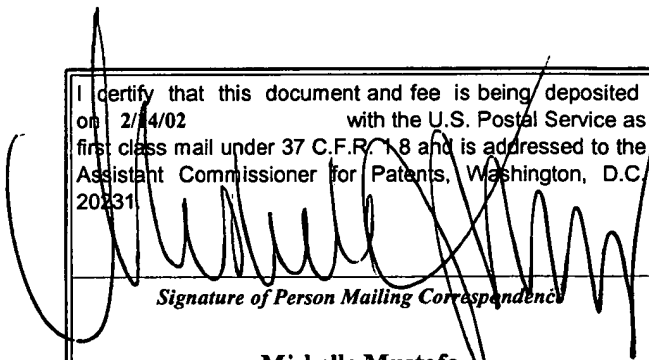
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on February 14, 2002.

Dated: February 14, 2002

Mishelle Mustafa

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GP/1624

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> 14099	
Applicant(s): Bevyn Jarrott, et al.					
<b>Serial No.</b> 09/743,379	<b>Filing Date</b> June 4, 2001		<b>Examiner</b> V. Balasubramanian		<b>Group Art Unit</b> 1624
Invention: PHARMACEUTICAL AGENTS					
<p><u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
TOTAL CLAIMS	23 -	23 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: February 14, 2002</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div> _____ Signature <b>Mark J. Cohen</b> Registration No. 32, 211  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> 400 GARDEN CITY PLAZA GARDEN CITY, NY 11530 (516)742-4343</div><div style="border: 1px solid black; padding: 5px; width: 300px;"><p>I certify that this document and fee is being deposited on 2/14/02 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> _____ Signature of Person Mailing Correspondence <b>Mishelle Mustafa</b> _____ Typed or Printed Name of Person Mailing Correspondence</div></div>					